

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Southern National Life  
Insurance Company d/b/a  
Benefit Management Services  
c/o Michelle Capardis  
5525 Reitz Avenue  
Baton Rouge, LA 70809

Article Number

(Transfer from service label)

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## A. Signature

X *Malissa Robert*
 Agent  
 Addressee

## B. Received by (Printed Name)

*Malissa Robert*C. Date of Delivery  
*07/23/07*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No*2006CV-717-1D*

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes